

What Is "The Maryland AIDS Drug Assistance Program (MADAP)"?

The Maryland AIDS Drug Assistance Program, or MADAP, is a component of the federally funded ADAP program under the RYAN WHITE HIV/AIDS Treatment Reauthorization Act. The program assists Maryland residents with low to moderate income to pay for certain drugs prescribed to treat individuals with HIV/AIDS.

What benefits are covered by MADAP?

MADAP covers prescription drug costs, deductibles, co-pays and co-insurance for any drug on the MADAP formulary, including all FDA-approved HIV antiretroviral drugs. MADAP also provides premium assistance for approved insurance plans.

Am I eligible for MADAP?

You may be eligible for MADAP if:

- You are a Maryland resident
- You are diagnosed with HIV infection
- You are not eligible for pharmacy benefits from Maryland Medical Assistance (Medicaid)
- Your anticipated annual household income is within the ranges of the MADAP guidelines

How do I apply for MADAP?

If you have a case manager, he or she can assist you with applying for MADAP, or you can receive an application directly by contacting the MADAP office. Eligibility Specialists at MADAP are available to assist you in completing the application. You may fax or mail your application, or call MADAP for an appointment to bring it in personally.

How long does it take to get MADAP?

It generally takes about 2 weeks to approve an application if all of the requested information and supporting documentation is complete.

What are the income requirements for MADAP?

Your MADAP eligibility is based on the gross income for your household size. MADAP evaluates the income(s) of the applicant, the applicant's legal spouse, and any child(ren) or legal dependent(s), under age 18, living in the applicant's household. (For applicants who are children, the income of the parent(s) is reviewed.)

Your total household income should be in the following ranges:

MADAP Income Guidelines Effective February 2015 – January 2016

| HOUSEHOLD SIZE | GROSS ANNUAL INCOME RANGE* |
|----------------|----------------------------|
| 1 | \$16,106 - \$58,850 |
| 2 | \$21,708 - \$79,650 |
| 3 | \$27,311 - \$100,450 |
| 4 | \$32,914 - \$121,250 |
| 5 | \$38,517 - \$142,050 |
| 6 | \$44,120 - \$162,850 |

*Maximum income is 500% of the Federal Poverty Level. Minimum income for a *lawfully present* Maryland resident is the upper limit of eligibility for *Maryland Medicaid*.

What if my income is less than the MADAP income guidelines?

If your income is below the lower range for MADAP for your family size, you may be eligible for the *Maryland Medicaid* or the *Maryland Children's Health Program (MCHP)* that cover drugs used to treat HIV/AIDS and drugs used to treat many other medical conditions. **For an application or more information on the *Maryland Medicaid* or *MCHP* programs, contact the Maryland Health Connection Statewide: 1-855-642-8572. For the deaf or hard of hearing: 1-855-642-8573 (TTY).**

I have pharmacy benefits with my insurance plan. Can MADAP help me with the co-pays?

Yes! Your insurance plan must pay the portion that it covers for prescriptions. MADAP will pick up the co-pays, co-insurance or deductible on the medications covered by the program. If your plan does not have pharmacy benefits or you reach the maximum that your plan covers for prescriptions, MADAP will pay the full cost on covered drugs.

Remember, MADAP is the payer-of-last-resort.

This means that if you have insurance coverage with pharmacy benefits, your insurance plan must be billed for your drugs first, before MADAP pays any costs on covered drugs.

What pharmacies can I use with MADAP?

You can use your MADAP Card at almost any pharmacy in Maryland, and some participating home delivery pharmacies. Ask your pharmacist, or call MADAP for assistance.

What if the drug I need is not covered?

You can request that a drug be considered for addition to the formulary by contacting MADAP. A formulary addition request form will be sent to your medical provider. For your more immediate needs, our staff will work with you on alternative ways of accessing the drug (such as through a manufacturer's patient assistance program).

Are there other programs with MADAP that can help me with health care costs?

If you need assistance in paying health insurance premiums, you may qualify for MADAP-Plus. There is one application for both programs. Please call us for more information and an application.

MADAP Covered Medications - Generic (Brand)

Antiretroviral

CYP3A Inhibitor

cobicistat (*Tybst*)

Entry/Fusion Inhibitor

enfuvirtide (*Fuzeon*)

maraviroc (*Selzentry*)

Integrase Inhibitor

dolutegravir (*Tivicay*)

raltegravir (*Isentress*)

Multi-Class Combination

dolutegravir-abacavir-lamivudine (*Triumeq*)

efavirenz/emtricitabine/tenofovir DF (*Atripla*)

elvitegravir, cobicistat & emtricitabine-tenofovir (*Stribild*)

rilpivirine & emtricitabine-tenofovir DF (*Complera*)

NNRTIs

delavirdine (*Rescriptor*)

efavirenz (*Sustiva*)

etravirine (*Intelence*)

nevirapine (*Viramune*)

rilpivirine (*Edurant*)

NRTIs

Single:

abacavir (*Ziagen, ABC*)

didanosine (*Videx, ddl*)

emtricitabine (*Emtriva, FTC*)

lamivudine (*Epivir, 3TC*)

stavudine (*Zerit, d4T*)

tenofovir disoproxil fumarate (*Viread, TDF*)

zidovudine (*Retrovir, AZT, ZDV*)

Combined:

abacavir/ lamivudine (*Epzicom*)

abacavir/lamivudine/zidovudine (*Trizivir*)

emtricitabine/tenofovir (*Truvada*)

lamivudine/zidovudine (*Combivir*)

PIs

Single:

atazanavir (*Reyataz*)

darunavir (*Prezista*)

fosamprenavir (*Lexiva*)

indinavir (*Crixivan*)

nelfinavir (*Viracept*)

ritonavir (*Norvir*)

saquinavir (*Invirase, SQV*)

tipranavir (*Aptivus*)

Fixed Combination/Boosted PI:

atazanavir-cobicistat (*Evolaz*)

darunavir-cobicistat (*Prezcobix*)

lopinavir/ritonavir (*Kaletra*)

Opportunistic Infection Treatment & Prophylaxis

acyclovir (*Zovirax*)

amphotericin B (*Fungizone*)

atovaquone (*Mepron*)

cidofovir (*Vistide*)

ciprofloxacin (*Cipro, Ciloxan*)

clarithromycin (*Biaxin*)

clotrimazole (*Lotrimin, Mycelex*)

clotrimazole-betamethasone cream (*Lotrisone Cream*)

Ols Tx & Prophylaxis cont'd

dapsone

ethambutol (*Myambutol*)

famciclovir (*Famvir*)

fluconazole (*Diflucan*)

flucytosine (*Ancobon, 5-FC*)

foscarnet (*Foscavir*)

ganciclovir (*Cytovene*)

isoniazid (*Nydrizid, Rifamate, INH*)

itraconazole (*Sporanox*)

ketoconazole (*Nizoral*)

leucovorin

miconazole (*Monistat*)

nitazoxanide (*Alinia*)

nystatin (*Mycostatin*)

paramomycin (*Humatin*)

pentamidine (*NebuPent, Pentam*)

pyrazinamide (*Rifater*)

pyrimethamine (*Daraprim, Fansidar*)

rifabutin (*Mycobutin*)

valacyclovir (*Valtrex*)

valganciclovir (*Valcyte*)

Hepatitis B & C

adefovir (*Hepsera*)

entecavir (*Baraclude*)

peg-interferon alfa 2a (*Pegasys*)

peg-interferon alfa 2b (*Pegintron*)

ribavirin (*Rebetol, Copegus*)

telbivudine (*Tyzeka*)

Anorexia & Wasting

megestrol acetate (*Megace*)

nandrolone

oxandrolone (*Oxandrin*)

oxymetholone (*Anadrol-50*)

testosterone (injection & transdermal)

thalidomide

Other Drugs in these Classes

Antidiabetic

Antimicrobial

Antineoplastic

Antiviral

CVD – Antihypertensive

CVD – Lipid-lowering Agent

CNS – Anticonvulsant

Contraceptive

GI – Antidiarrheal

GI – Antinausea & Antiemetic

GI – Peptic Disorders

Glucocorticoid – Oral

Hematopoietic Agent

Immune Response Modifier

Opioid Dependence

Psychiatric – Antidepressant & Antianxiety

Psychiatric – Antimanic & Neuroleptic

Psychiatric – Combination

Respiratory Agent – Asthma & COPD

Vaccines

For a current listing of the MADAP formulary go to

www.mdrxprograms.com/docs/madap/MadapFormulary.doc

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Maryland AIDS Drug Assistance Program



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Larry Hogan, Governor
Boyd Rutherford, Lt. Governor
Van Mitchell, Secretary – DHMH

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